

4283

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. <u>739</u>	
1. County <u>Morocopa</u>	County Registrar's No. <u>11494</u>	Local Registrar's - No. <u>11494</u>	
District _____	ORIGINAL CERTIFICATE OF DEATH		
Town <u>Phoenix</u>	No. <u>Ariz. Deceased No. 1</u>	St. _____	Ward _____
or City _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME <u>Annabelle Kellis</u>			
(a) Residence. No. _____		St. _____ Ward <u>Superior, Ariz.</u>	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?	
yrs. mos. ds.		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>married</u>	
(write the word)			
5a. If married, widowed, or divorced			
HUSBAND of <u>W. F. Kellis</u>			
(or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Sept. 4 - 1890</u>			
7. AGE	Years	Months	Days
<u>31</u>	<u>8</u>		
IF LESS than 1 day.....hrs. or.....min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Housewife</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Texas</u>			
(State or country)			
10. NAME OF FATHER <u>P. A. Roberts</u>			
(State or country)			
11. BIRTHPLACE OF FATHER (city or town) <u>Ariz.</u>			
(State or country)			
12. MAIDEN NAME OF MOTHER <u>Mary M.</u>			
(State or country)			
13. BIRTHPLACE OF MOTHER (city or town) <u>Mass.</u>			
(State or country)			
14. Informant <u>Mrs. Roberts</u>			
(Address) <u>608 S. 1st Ave.</u>			
15. Filed <u>5/20, 1922</u> <u>J. L. Garrison</u>			
V. S. No. 1 <u>5-28-1922</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>May 19 1922</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>5-8-22</u> , 19 <u>22</u> to <u>5-19-22</u> , 19 <u>22</u> , that I last saw him alive on <u>5-18-22</u> , 19 <u>22</u> , and that death occurred, on the date stated above, at <u>12:00</u> a.m. The CAUSE OF DEATH was as follows: <u>Heart Failure</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted if not at place of death? <u>Yes</u>			
Did an operation precede death? <u>Yes</u> Date <u>5-14-22</u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Autopsy</u>			
(Signed) <u>[Signature]</u> , M. D.			
19 (Address) _____			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u>		DATE OF BURIAL <u>May 20 1922</u>	
20. UNDERTAKER <u>R. H. McCallan</u>		ADDRESS <u>617 N. Center</u>	